

**WA State DSHS MAA
HIPAA Project**

as of 7/9/2002

Mapping -- HIPAA 820 to AFRS mapped fields only.xls-HIPAA 820 to AFRS mapped fie

txtLoop	Segment	IndustryName	pic	Rqd	Tablename	Columnname	Datatype	Comment	CommentType
		Payment Order/Remittance Advice						Sponsors are DSHS Admins sending premiums outbound to HMOs	Translation
	ST	820 Header		R					
	ST 01	Transaction Set Identifier Code	ID3	R				Hard code "820"	Translation
	ST 02	Transaction Set Control Number	AN9	R				Generate a sequence number for each ST-SE in a batch.	Translation
	BPR	Financial Information		R				Use BPR05+ only if doing EFT (BPR04="ACH")	Translation
	BPR01	Transaction Handling Code	ID2	R				Hard code "P"=pre-notify to test; else "I"	Translation
	BPR02	Total Premium Payment Amount	R18	R				Compute sum of all actual paid amounts in this transaction (sum of all RMR04)	Translation
	BPR03	Credit or Debit Flag Code	ID1	R				Hard code "C"	Translation
	BPR04	Payment Method Code	ID3	R				If blank, use "CHK", if "P", use "NON, else "ACH"	Translation
	BPR05	Payment Format Code	ID10	S				Required if EFT.	HIPAA Required
	BPR16	Check Issue or EFT Effective Date	DT8	R	A19	ACCOUNTING_APPROVAL_DATE	AN	Required	HIPAA Required
	TRN	Reassociation Key		R				check # & ACH # only in Financial Services as warrant number	HIPAA Required
	TRN01	Trace Type Code	ID2	R				Hard code "1"	Translation
	TRN02	Check or EFT Trace Number	AN30	R	A19	WARRANT_NUMBER	AN	If BPR04="NON" generate unique ID across all remittance advices; if BPR04="CHK" use check number; if BPR04="EFT" use ACH number	HIPAA Required
	TRN03	Originating Company Identifier	AN10	S				Same as BPR10, in case different payers use the same TRN02 numbers	Translation
	CUR	Non-US Dollars Currency		S					
	REF	Premium Receivers Identification Key		S					
	REF01	Reference Identification Qualifier	ID3	R				Hard code "14"-master account number (HMO's ID for sponsor's contract)	Translation
	REF02	Premium Receiver Reference Identifier	AN30	R	A19	AGENCY_PR_NO	AN	Need to obtain HMO's ID for sponsor's contract via contract managers	HIPAA Required
	DTM	Process Date		S					
	DTM	Delivery Date		S					
	DTM	Coverage Period		S					
	DTM01	Date Time Qualifier	ID3	R				Hard code "582"-report period	Translation
	DTM05	Date Time Period Format Qualifier	ID3	R				Hard code "RD8"	Translation
	DTM06	Coverage Period	AN35	R				Hard code the next calendar month, Format as CCYYMMDD-CCYYMMDD	Translation
1000A	N 1	Premium Receiver's Name		R					
1000A	N 1	Premium Receiver's Name		R					
1000A	N 101	Entity Identifier Code	ID3	R				Hard code "PE"-payee	Translation
1000A	N 102	Information Receiver Last or Organization Name	AN60	S	A19	VENDOR_NAME	AN		
1000A	N 103	Identification Code Qualifier	ID2	S				Send "FI" with federal tax ID	Translation

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1000A	N 104	Receiver Identifier	AN80	S	A19	FEDERAL_ID_N O	AN	no place to also send VENDOR_NUMBER-Admin's ID for provider. Need a place for add'l ID.	HIPAA Questions
1000A	N 2	Premium Receiver Additional Name		S					
1000A	N 3	Premium Receiver's Address		S					
1000A	N 4	Premium Receiver's City, State, Zip		S					
1000B	N 1	Premium Payer's Name		R					
1000B	N 1	Premium Payer's Name		R					
1000B	N 101	Entity Identifier Code	ID3	R				Hard code "PR"-payer	Translation
1000B	N 102	Premium Payer Name	AN60	S				Hard code "WA DSHS <admin>"	HIPAA Required
1000B	N 103	Identification Code Qualifier	ID2	S				Hard code "XV" when PlanID used; else "FI"-federal tax ID	Translation
1000B	N 104	Premium Payer Identifier	AN80	S				Hard code sponsor's National PlanID when used; else federal tax ID	HIPAA Required
1000B	N 2	Premium Payer Additional Name		S					
1000B	N 3	Premium Payer's Address		S					
1000B	N 301	Premium Payer Address Line	AN55	R				Hard code sponsor's address	Translation
1000B	N 4	Premium Payer's City, State, Zip		S					
1000B	N 401	Premium Payer City Name	AN30	R				Hard code sponsor's address	Translation
1000B	N 402	Premium Payer State Code	ID2	R				Hard code sponsor's address	Translation
1000B	N 403	Premium Payer Postal Zone or ZIP Code	ID15	R				Hard code sponsor's address	Translation
1000B	PER	Premium Payer's Administrative Contact		S				Put optional sponsor contact in case needed by premium receiver.	Nice to Have
1000B	PER01	Contact Function Code	ID2	R				Hard code "IC"	Translation
2000A	ENT	Organization Summary Remittance		S				If sending a premium without member details, just sent one loop with the totals.	Processing Logic
2000A	ENT	Organization Summary Remittance		S				"Organization" = sponsor	Translation
2000A	ENT01	Assigned Number	N06	R				hard code "1"-one loop with totals	Translation
2000A	ENT02	Entity Identifier Code	ID3	R				Hard code "2L"-summary payment only	Translation
2000A	ENT03	Identification Code Qualifier	ID2	S				Hard code "FI"-TaxID	Translation
2000A	ENT04	Organization Identification Code	AN80	S				hard code sponsor's TaxID	HIPAA Required
2300A	RMR	Organization Summary Remittance Detail		R				Send multiple RMR loops if multiple contracts per premium receiver.	Processing Logic
2300A	RMR	Organization Summary Remittance Detail		R					
2300A	RMR01	Reference Identification Qualifier	ID3	R				hard code "1L"-group number	Translation
2300A	RMR02	Contract, Invoice, Account, Group, or Policy Number	AN30	R	A19	AGENCY_PR_N O	AN	Need to obtain HMO's ID for sponsor's contract	HIPAA Required
2300A	RMR04	Detail Premium Payment Amount	R18	R	A19	INVOICE_TOTA L	AN	Total premium amount being paid; when sending a summary lump sum without listing all client's premiums, we need the summary amo	System Questions
2300A	RMR05	Billed Premium Amount	R18	S	A19	INVOICE_TOTA L	AN		

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2310A	IT1	Summary Line Item		S				hard code "1"	
2310A	IT1	Summary Line Item		S					
2310A	IT101	Line Item Control Number	AN20	R					Translation
2315A	SLN	Member Count		S					
2315A	SLN	Member Count		S					
2315A	SLN01	Line Item Control Number	AN20	R					Translation
2315A	SLN03	Information Only Indicator	ID1	R					Translation
2315A	SLN04	Head Count	R15	R					HIPAA Required
2315A	SLN05	Unit or Basis for Measurement Code	ID2	R					Translation
2320A	ADX	Organization Summary Remittance Level Adjustment		S					
2320A	ADX	Organization Summary Remittance Level Adjustment		S				Assign a sequence # for each individual in the transaction	
2000B	ENT	Individual Remittance		S					
2000B	ENT	Individual Remittance		S					
2000B	ENT01	Assigned Number	N06	R					Translation
2000B	ENT02	Entity Identifier Code	ID3	R					Translation
2000B	ENT03	Identification Code Qualifier	ID2	R					Translation
2000B	ENT04	Receiver's Individual Identifier	AN80	R					HIPAA Required
2100B	NM1	Individual Name		S					
2100B	NM1	Individual Name		S					
2100B	NM101	Entity Identifier Code	ID3	R					Translation
2100B	NM108	Identification Code Qualifier	ID2	S					Translation
2100B	NM109	Individual Identifier	AN80	S					Processing Logic
2300B	RMR	Individual Premium Remittance Detail		S				Hard code "IK" if there's an invoice. Policy # or invoice # required.	
2300B	RMR	Individual Premium Remittance Detail		S					
2300B	RMR01	Reference Identification Qualifier	ID3	R					HIPAA Required
2300B	RMR02	Insurance Remittance Reference Number	AN30	R	A19	INVOICE_NUMBER	AN		HIPAA Required
2300B	RMR04	Detail Premium Payment Amount	R18	R	A19	ITEM_AMOUNT	AN		HIPAA Required
2300B	RMR05	Billed Premium Amount	R18	S					HIPAA Required
2300B	DTM	Individual Coverage Period		S					
2300B	DTM01	Date Time Qualifier	ID3	R					Translation
2300B	DTM06	Coverage Period	AN35	R					Processing Logic
2320B	ADX	Individual Premium Adjustment		S					
2320B	ADX	Individual Premium Adjustment		S					

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2320B	ADX01	Adjustment Amount	R18	R				If adjusting a previous premium, this is the different between the previously-paid premium amount and the corrected premium am	Translation
2320B	ADX02	Adjustment Reason Code	ID2	R				"52"-payer credit for previous overpayment, or "53"-remittance for previous underpayment	Translation
2320B	SE	820 Trailer		R					